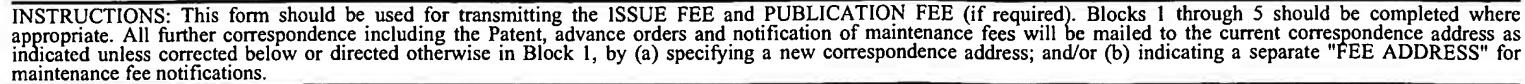
PART B - FEE(S) TRANSMITTAL

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(Depositor's name) (Signature) (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/671,681	09/29/2003	Jun Tanaka		1070

TITLE OF INVENTION: RESIN-ENCAPSULATED SEMICONDUCTOR APPARATUS AND PROCESS FOR ITS FABRICATION

APPLN. TYPE	SMALL ENTITY	ISSUE FE			TOTAL FEE(S) DUE \$1630		DATE DUE	
nonprovisional	NO	\$1330					10/29/2004	
EXAMINER CLARK, JASMINE JHIHAN B		ART UNIT 2815		CLASS-SUBCLASS				
				257-787000				
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		 For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 			<u> </u>	ngly, Stange alur, P.C.		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY) 10/28/2004 SZEWDIE2 00000031 10671681

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	ronyo, oapar	t .				
Please check the appropriate assignee category or categories (will not l	be printed on the patent);	☐ individual	corporation or other private group entity	☐ government		
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):			,_,,		
🖾 1ssue Fee	☐ A check in the amo	unt of the fee(s)	is enclosed.	<u>;</u>		
Description Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.					
☐ Advance Order - # of Copies	☐ The Director is he Deposit Account Nun	reby authorized ber <u>50-14</u>	by charge the required fee(s), or credit any (enclose an extra copy of this	overpayment, to form).		
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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	☐ b. Applicant is not o	claiming SMAL	L ENTITY status. See, e.g., 37 CFR 1.27(g)(2	2).		

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(Authorized Signature)

(Date)

10-27-04 John R. Mattingly

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